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“What would you do in taking care of a surgical case in the country, an operation having been performed by a surgeon from the city, who left definite orders with you as to the after care of the patient, but did not have an understanding with the family doctor, who, in his turn, gave you orders quite contrary to those of the surgeon?”

“If you had been caring for a male patient in his own home and the doctor advised him to go to some resort for convalescence, and it was not convenient for the patient’s wife, mother or sister to accompany you and the patient, what would you do?”

“If called to a woman who had an incurable cancer, unable to be moved from her bed, a question of only a few weeks before she must die, the patient dependent entirely upon her two sons, ordinary laboring men, for support, reserve funds exhausted by long illness, doctors’ and nurses’ bills, patient’s room and bed in a filthy condition and alive with vermin, what would you do?”

The result of these lessons was to impress me very keenly with the great need of them. Most of the class were wholly unprepared for the ethical solutions of the different situations, although they had had an excellent course of lectures on private nursing.

They had been so thoroughly imbued with the obedient attitude of the necessity of always doing what they were asked to do, that it was a revelation to learn that they must be prepared under certain circumstances to protect themselves and their reputations. Being brought face to face with so many situations that nurses had been obliged to meet and manage alone, the pupils must have been impressed with the fact that when they leave the shelter of the hospital they cannot count on anyone’s protection. They are launched into a community where each member is usually looking after his own interests, and the nurse will have need of all the wisdom that she may have acquired to solve her own problems.

THE ORIGIN AND DIGNITY OF TRAINED NURSING *

BY FRANK B. SANBORN
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“THE Origin and Dignity of Trained Nursing” is no new topic to me, for nearly forty years ago, being then a member of the old Board of State Charities, I was asked by the two ladies who originated the

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training school for nurses at the Massachusetts General Hospital (Mrs. Mary Parkman and Miss Sarah Cabot, now Mrs. Wheelwright) to become a director of that new charity; and I did serve in that capacity for several years. It was a matter then so new in the United States that, beside the small training school at the New England Hospital for Women and Children, then employing only five or six nurses, there was but one such school in America, so far as we could learn—at the Bellevue Hospital in New York, at the head of which was an English “Sister Helen,” of whom we took counsel. But Mrs. Parkman, who had a sister of her own, Mrs. Edward Twisleton, married, in London, had known much of Florence Nightingale, who introduced trained nursing into England, by way of the British army in the Crimea; and she knew the need and importance of it. I also, through Dr. Howe, then the chairman of our state board, whom Miss Nightingale had consulted before she herself took training in Germany, knew what that remarkable Englishwoman had done in an art of which, so far as England and America are concerned, she was the creator. There had been good nurses before in those countries, but they had acquired the art by practice and experience, with very little scientific training. Those legendary ladies who, in the tales of chivalry, nursed the wounded knights in their own castles, had doubtless learned it in the same manner, but in Homeric times, when we get the earliest notice of nursing I now remember, it came from the gods and demi-gods, Apollo and Asklepios. In the “Catalog of the Ships,” a later addition to the Iliad, we are told of Podaleirios and Machaon—“brothers, I presume,” as Mr. Travers said of the Siamese twins—and sons of Asklepios. They appear again in Book xi, where Machaon is wounded by an arrow of Paris, and is carried away to the tents by old Nestor in his chariot, because, says the Cretan king, “we cannot afford to lose so good a nurse-physician:”

“A wise physician, skilled our wounds to heal,
Is more than armies to the public weal.”

Thus Pope, in his roundabout way; but what Homer really says was:

“A medical brother, worth many another,
Draws out every dart, and pours on the part
Lotions that soothe, by his magical art.”

Now these two brothers were not only trained nurses, but doctors of medicine and kings or chieftains, fighting along with Ajax and Achilles on

“The ringing plains of windy Troy.”

They were not only sons of a demi-god, and grandsons of Apollo, but like Patroclus, the friend of Achilles, they had been at the training-school of Chiron, most civilized of the Centaurs—probably on Mount Pelion.

Thus we see the antiquity and honor of the trained nurse in pre-historic times: he was both nurse and physician. But we have degenerated—at least they had in Switzerland eighteen years ago, when I had a painful accident and called in a nurse trained in the school established by the Countess Gasparin, whose magical art speedily relieved the severe pain, and who had learned so much of medical science that I asked her why she did not, like some of her sex in this country, go into practice as a doctor. She replied, “Women are not allowed to practise medicine in the Canton Vaud.” But she aspired even to the fighting part of Machaon’s three arts, for when I said, “What would you choose to be, if you could have any occupation you asked for?” she replied, “A soldier.”

Now the nurse in a hospital for the insane often needs to oppose the stubborn will of her patient, but she need not do this in a warlike manner, as was formerly the rule in ill-managed asylums for insane men. When I first went to inspect asylums in Wisconsin, some thirty years ago, I was told that, in one of them, a boxer or prize-fighter was employed as attendant to keep the violent ward in order, and that the patients sometimes showed the bruises of his heroic pharmacy.

While I am in the legendary and reminiscent preface to remarks, I may add another incident of that same year, 1893, when I was last in Europe. After my recovery in Switzerland, I made a tour through Germany and visited what was then, in my estimation, the best insane hospital in the world—at Alt Scherbitz in Saxony; then went on into Holland to visit the great asylum near Harlem, which Dr. Tuke, in England, had advised me to see. I found 1300 patients there (half men and half women), and, to my surprise, the men were cared for in their wards by women nurses. I went through several of these wards with the wife of the superintendent, Dr. Van Deventer, and found them quiet and well cared for by women, who had less trouble with the difficult cases than the male attendants had experienced there the year before. At dinner I asked Dr. Van Deventer how he happened to adopt this innovation, for such it was eighteen years ago. He said, in substance:

“I was transferred to this Meerremberg Asylum from the General Hospital in Amsterdam, of which this asylum is a country branch or annex. I found the male wards in bad condition, the attendants being

often unsuitable persons, whom I had to discharge. In the Amsterdam Hospital for the sick we had only (or chiefly) women nurses, and they did their work well. It then occurred to me that I would try the same system here, and I have done so. It has been in operation less than a year, but up to this time it has worked so well that I can recommend it to my professional brethren in other countries."

When I reached London a week or two later in the same summer, I reported to Dr. Tuke what I had seen at Meeremberg. He was startled, and said, "Oh, that will never do!" but the custom has since extended to Europe and in this country; and I believe it indicates a mode of overcoming the difficulty of retaining well-trained nurses (men) in the male wards. As we all know, the men who take positions in our hospitals and asylums are apt to be drawn away to other occupations when business is good outside, and do not take scientific training to the same extent that women do and can; because, to women, nursing becomes a life profession, which they can even practise after marriage, especially in Massachusetts, where the Scotch custom exists of boarding insane women in families, and this brings me to my main subject, the dignity of nursing as an occupation. Here let me again turn back to history, and tell you how Miss Nightingale came to take up her illustrious pursuit as a trained nurse.

My ancient friend, Dr. Howe (best known now, perhaps, as the husband of Julia Ward Howe, who long outlived him, and died only last year), married that lady in 1843, and soon went abroad. In England they were well received in high society, because Dr. Howe was famous, not only as a soldier and surgeon in the Greek Revolution but as the performer of that solitary miracle (in 1843)—the teaching of Laura Bridgeman, deaf, dumb and blind. Among other houses which they visited, and where they spent some days, was that of Mr. Nightingale at Embley—the family consisting of father, mother and two daughters bearing the names of Parthenope (afterwards Lady Verney) and Florence. They owed these names to the fact that one was born in Naples and the other at Florence, where the family resided during a long abode on the Continent. They had also spent much time in Athens, and brought from there in after years an owlet of Minerva, of which Lady Verney wrote the manuscript biography and sent a copy to Mrs. Howe, which was seen by me, among her papers, two months ago. At Embley they met, for the second time, Florence, then twenty-four years of age (August, 1844), and I take the anecdote from the second volume of Dr. Howe's life by his daughter, Mrs. Laura Richards:

Finding that Dr. Howe, like herself, was an early riser, she asked him to meet her in the garden before breakfast, and said to him:

"Dr. Howe, you have had much experience in the world of philanthropy; you are a medical man and a gentleman; now may I ask you to tell me, upon your word, whether it would be anything unsuitable or unbecoming to a young Englishwoman, if she should devote herself to works of charity, in hospitals and elsewhere, as the Catholic Sisters do?"

Dr. Howe replied, "My dear Miss Florence, it would be unusual and in England whatever is unusual is apt to be thought unsuitable; but I say to you, go forward if you have a vocation for that way of life; act up to your aspiration, and you will find that there is never anything unbecoming or unlady-like in doing your duty for the good of others. Choose your path, go on with it, wherever it may lead you, and God be with you!"

Doubtless she consulted others before going to train herself as a nurse at Kaiserswerth in Germany; but we like to believe that this warm approval of her choice by Dr. Howe overcame the scruples she must have had in diverging so far from the highway of social life and marriage which her sister followed. What came of this choice the world saw and applauded ten years later, when the British army in the Crimea owed its salvation largely to the orderly nursing Florence Nightingale introduced among the wretched army hospitals at Scutari and elsewhere in that untimely war, whose chief result was to display the reckless courage of the British soldier, and the angelic charity of Florence Nightingale. Out of the latter and the enthusiasm it aroused in England grew the training schools for nurses in London, Liverpool, and wherever in England the principles of nursing came to be understood. From England we imported them, and applied them gradually to that most dismal of all maladies, lunacy or insanity. You, therefore, graduates of this excellent school, are the *alumnæ* and successors of Florence Nightingale, and have her high reputation to support. Let it never diminish by your fault.

The origin of training schools for nurses of the insane is of course more recent than for the ordinary nurse in general hospitals. The training of such nurses began in Germany as early as 1835, I think, though I have no certain information on that point; but the training for insane asylums did not begin till after 1850, on any large scale. It was unknown in this country, in the form of regular instruction by lectures, until 1886 or later—the school here, and that in Westboro, being the first of any note. Before that date, what training existed was given by the teaching and example of good superintendents like Dr. Earle and Dr. Page. The Danvers School, of which you are the latest graduates, owed its existence to Dr. Page and the trustees of that period; but its

success was largely due, at first, to that admirable woman, Mrs. Dudley (now Mrs. Jewett), who was herself trained by Dr. Earle at the Northampton Hospital, before 1883, and came to Danvers in that year or soon after. Such schools are now found in most of the New England and New York hospitals of any size, and are found also at infirmaries and almshouses, where the number of inmates is large enough to warrant the existence of a school. This hospital was a pioneer in the improvement, and has greatly benefited by the school.

Worthy and dignified, in spite of its pains and drudgeries, as all hospital nursing is, there are special reasons for regarding a trained nurse, serving the insane in the various forms and stages of that multiplex malady called insanity, as set in a station of peculiar importance and dignity. The group of disorders known by the general name of lunacy—a mistaken term, but one I should hope might be retained, because it perpetuates the general ignorance on its subject, and does not allow gross errors to be forgotten—this group, I say, is particularly unknown in its causes, general or special: and therefore to study it is a distinction, since that may lead to momentous discoveries. Any discovery either in its causation, its alleviation, or its useful classification, must depend very much on the insight, practice and reports of nurses like you, ladies, who may see its perplexing stages at all hours of the day and each season of the year. The physician himself, if better qualified by education, and more stimulated by professional ambition, to make discovery of causation, or of indications for treatment and cure, has far less opportunity than the faithful and observant nurse; who must, indeed, be eyes and ears as well as hands and feet for her superior in the hospital or asylum. This occasion for useful discovery and the testing of systems and specifics adds dignity to every occupation and raises it above routine and drudgery. There is also the certainty of promotion, if you so regard it, from public to private nursing, and, in this country, to the practice of psychopathic medicine—if I may use the long word to describe the very important thing which this specialty of alienism is. The prevention of insanity, if we can ever arrive at it in any considerable number of cases (as we must hope), will depend on the observation by hundreds of nurses, and physicians, and members of families of those incipient cases that furnish evidence of the seizure and the microbe, so to speak, early enough to find the antidote as well as to detect the bane. It was through innumerable observations, by thousands of persons, that the nature and proper treatment of all diseases were gradually brought into a system of medicine and surgery, such as we now have—and in the same way must future improvements

be made. You who graduate to-day, though perhaps long under training, are but at the outset of your education in this beneficent specialty, so much desired, and yet un hoped for, by the guilty Macbeth when he cried out to the physician of his queen—

“Canst thou not minister to a mind diseased,
Pluck from the memory a rooted sorrow.
Raze out the written tablets of the brain,
And with some sweet, oblivious antidote
Cleanse the stuffed bosom of the perilous stuff
Which weighs upon the heart?”

This is precisely what the nurse of highest quality and best training must do for the insane; and if our later science teaches that it is through physical means, rather than moral, that this is to be done, yet there is room for all those moral means that were formerly more recommended than now. One such instrument of recovery has been brought forward and illustrated of late, more than ever—the power of suggestion, always known to exist, but not until recently brought into something like regulation and useful application. When I was in Switzerland in 1890, and again in 1893, the cousin of one of my Vaudois friends, Dr. Auguste Forel, then of Zurich, was of high repute for the diagnosis and treatment of insanity; and was sent for by crowned heads and wealthy families all over Europe, when that malady showed itself, as it is very apt to do, in households of rank and luxury. Twenty years later or nearly that, an American friend, touring in the French colonies of northern Africa, found Dr. Forel, retired from official duties, but practising by suggestion on a small number of patients in the upper Rhone valley, and explaining his success to my friend—both being then on vacation—by his use of this potent means. It does not seem to be given to all persons to employ it, and its use is sometimes detrimental to the user; but in wise hands it must be of much value, whether given by nature or attainable by art.

I prefer to touch on the advantages and opportunities of your profession rather than its perils and temptations, but such exist and are to be watched and guarded against, especially this last-named power, which can be perverted to evil uses. There are also indolence, assumption of more knowledge than is possessed, which is dangerously near to fraud; avarice, and a turn for ease and luxury, which all work against the best success in your high but arduous calling. You will find yourselves, as you go out into the world, both overvalued and undervalued by those around you. True modesty will preserve you from harm by the one; and a proper infusion of what was intended as a virtue, but often

shoots up into a vice—I mean pride (more strictly self-respect)—will render you immune to indifference and scorn. There is a quality, more often ascribed to men than to women, but perhaps as often found in one sex as the other, which Hazlitt once described thus in applying it to Charles Fox, the English statesman—"He was by nature a gentleman; by which I mean a person with a certain deference and respect for every human being." It is impossible to succeed in your career without a strong infusion of this quality; to which will naturally be joined that more feminine trait of pity, which finds its fine expression in the French suggestion: *Aux plus desherites le plus d'amour* ("The disinherited claim the most of our regard").

THE NECESSITY FOR SPECIAL TRAINING IN TUBERCULOSIS NURSING.

By ALICE E. STEWART, R.N.

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IN the last few years, the one subject that perhaps more than any other has been occupying the minds of the medical profession, and the general public as well, has been the prevention of tuberculosis, the care of those affected with it, and what may be done to bring about their cure. Every medical journal you take up has articles on it; almost every medical convention has papers on the subject; and almost every city and town of any progressiveness whatever is beginning to take hold of the problem. Consequently, the demand for nurses trained and interested in the subject is steadily increasing.

Now it has been said, and we know it is true to a certain extent, that the nurses going out from our training schools know really very little of this great question. In a large number of cases their knowledge consists of little more than a determination that they know all they want to, and that they do not wish to have anything to do with patients affected with the disease. They may not all say they are afraid of it; but, as a rule, they are, and there is the problem—nurses needed, on the one hand, and nurses afraid of the whole question, on the other.

It is not surprising that nurses feel afraid of the disease. As a rule, their knowledge of it consists of a few cases seen in the hospital—hopeless, far advanced cases that are admitted for diagnosis and then remain, under protest as it were, until arrangements can be made to take them elsewhere. And, if we may ask the question—in how many of the training schools does the instruction in the disease consist of